



WESTMORLAND COUNTY COUNCIL

Annual Report

of the

County Medical Officer of Health
and Principal School Medical Officer



1970

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COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.

February 1972.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT FOR 1970

This Report covers the last year of the retiring County Medical Officer and Principal School Medical Officer, Dr. John A. Guy, who retired on December 31st 1970, after 24 years with the Authority.

During the year the sudden death occurred of Mr. Cyril V. Biddulph (May 1970) who had been Chief Clerk in the Department since 1948. This was a serious loss to the Department, as during the years he had built up an invaluable fund of experience - his memory for detail was remarkable. His widow has been able to continue working for the Department and provides a valuable link with previous experience.

Dr. I. S. Bailey resigned her post as Deputy County Medical Officer in September 1970 after 9 years service.

As 1970 is something of a "watershed" year for Public Health Departments throughout the country as well as in this County, it is interesting to speculate on the enormous changes that have occurred since the first County Medical Officer was appointed in 1911. Health Departments, during the coming year, are to shed a small portion of their functions to the newly created Social Services Department and the Education Department. A substantial proportion of the Department's functions, however, remain intact and in terms of budget, 80% of the expenditure of the Department remains in spite of the re-organisations and upheavals. There is the inevitable disquiet in public health circles and, in particular, deep concern is being expressed at a national level about recruitment to the Service. There is little doubt, however, that without the Health, Nursing and Ambulance services, the County of Westmorland and its people would experience grave inconvenience and disruption of community life.

The Ambulance Service is the only County Council service that carries responsibility for emergencies for every day of the week throughout the year. It is not a service that is laid on for specific emergency periods, e.g. when the weather is bad, but it is expected to maintain a high standard of service at all times and to be prepared to cope with emergency situations during routine work and often to care for dangerously ill people before they come under medical or other attention. The demands upon the service are continuously increasing and the standard of training required of the modern ambulance driver attendant is very high indeed. Many of the decisions that an ambulance driver attendant is required to make, would daunt members of the medical profession. It is no easy matter to decide in the middle of freezing conditions on a motorway in which direction to take a seriously ill accident case in order to provide them with optimum attention.

Consideration will need to be given during the coming year for increasing the standard of manning of the service, for intensifying training routines and to consider manning of the Kendal Ambulance Station from midnight to 8.0 a.m. This question of the standard of manning of the station has been considered before and in order to reduce the response time from the receipt of an emergency call-out to the arrival of an ambulance on the scene, this will become more important in the next 2 years.

Nursing Services

A careful appraisal of the Nursing Services during the coming years is inevitable as not only will the County be required to look at the Management structure, recommended in the Mayston Report, but also the establishment of close links between the General Practitioner services and the Hospital Services by the Community Nurse. It is sometimes forgotten that the Community Nursing Services are the only services which are in contact with every child throughout the County and are, therefore, in the most advantageous position for the early detection of mental and physical handicaps and social deprivation. They are also in touch with nearly all the elderly population at some time or another.

Cervical Cytology

Unfortunately, the numbers coming forward for cervical cytology do not reflect the numbers of women who are at risk from cancer of the neck of the womb. Although there may be other women who have contact with their General Practitioner or in hospitals, at the present time throughout the County this seems to be a neglected activity. The attention of all women is drawn to the fact that this is a form of cancer which, by early detection, results in at least 95% cure rate. The women most at risk from the condition, e.g. those with many children, are often the ones who find it the most difficult to attend clinics, and I would like to draw the attention of voluntary organisations of the unique position that they hold in persuading women to come forward for this vital test.

Family Health & Prevention

In many ways the Public Health Service has been the most successful branch of the medical profession in the primary prevention of disease. The short notes that follow this introductory letter show the history of the Public Health Movement and the Medical Officers of Health in the County of Westmorland. Many of the problems which must have faced my predecessors have been most successfully alleviated. However, the watch-word must be "vigilant", as although certain killers of the past like tuberculosis are controlled, they are by no means conquered and full details of the present position in the county are given at the end of the Report.

A constant campaign to remind the mothers of children of the importance of immunisation and vaccination is needed and considerable disappointment is felt over the very low acceptance rate for poliomyelitis vaccine. This was one of the lowest in 1970 for any County in England and Wales. General Practitioners and Local Authority Medical Officers have been alerted about this.

As one aspect of preventive medicine recedes, other aspects assume greater importance. Special consideration needs to be given to re-organisation of services so as to detect at the earliest opportunity the mentally and physically handicapped child in order that all appropriate help may be given to the child and their family, and the worst effects of the handicap be alleviated.

The elderly represent the major problem for all Health and Social Services in the County of Westmorland. It is comparatively easy to provide accommodation for elderly persons and the County Council has been foremost in the provision of Homes; but the capacity to provide places in hostels is limited and attention is drawn to the possibility of preventing the worst aspect of ageing by early detection of some of the insidious and disabling medical conditions which can occur. The aim of the Health Department through Nursing and Chiropody Services, is to provide much assistance for elderly persons to remain within their own home for as long as possible. This is a humane way of providing the least disruption

during the years of retirement. The question needs to be asked of all retired persons "Is there anything which is preventing you from enjoying your retirement", and if this is a health problem which can be rectified, then it is the task of the Health Services to provide the necessary remedy.

The Chiropody Services, in particular, are under severe strain and as foot conditions can be very disabling in an elderly person and lead to a whole train of medical troubles, attention will be given during the coming year to the improvement of the service.

School Health Service

The County Council through the Principal School Medical Officer continues to be responsible for a wide range of services in the School Health Department. About 40% of the defects discovered on initial medical inspection are not known to any other Health Service agency. The majority of these defects concern vision and hearing. The importance of early detection of hearing and visual defects cannot be too strongly emphasised as it has considerable repercussions on the education of the child. One important part - the Child Guidance Service - has not been able to function to full capacity due to the resignation of Dr. Currah. Close co-ordination will be needed in the future between the three Departments concerned with the handicapped school child, as no one Department has in totality the expertise to deal with the problems that handicaps can bring. Special education for the ~~mentally~~ handicapped child is of considerable cost to the County Council (£28,000 a year) and a balance seems to be struck between providing services in the County in order to keep more children at home with the necessary support in school and sending children away with the heart-break and expense that is involved.

I would like to acknowledge the assistance received from the Department, especially Voluntary Societies who form an essential part of the life and services of the Health Department. A special expression of gratitude must go to the Hospital Car Service drivers who have given invaluable help in the County in the transport of patients and have provided human contact for many isolated people on their way to and from hospital and other health services. I should also like to extend grateful thanks to all those staff who have kept the services going in a difficult transitional period, and to the support of the Committee and County Council.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

H. P. FERRER,

County Medical Officer.

HISTORICAL NOTES RE MEDICAL OFFICERS OF HEALTHWESTMORLAND AREA

Earliest County Council Minutes (from 1889) reveal that the various sanitary authorities of Westmorland combined to appoint joint M.O.H. (except for Kirkby Lonsdale U.D.C. which had its own). County Council agreed with Local Sanitary Authorities to use their joint M.O.H. for County duties if necessary.

1890

Dr. Craven first mentioned as the M.O.H. for combined authorities, submitting reports annually to County Council.

1901

Council was reminded that under 1888 Local Government Act, they could appoint County M.O.H. - no action taken - carried on using combined sanitary authorities' M.O.H. Dr. Craven.

1908

School Medical Officer - appointed by joint committee for County and Kendal Borough - Dr. Henderson - set County thinking about appointing own County M.O.H. - eventually done 1911, when Dr. Henderson took that post as well. He appears to have issued his first annual report for the county in 1913. From the 4th annual report (for 1914) onwards a copy has always been bound in with the County Council Minutes. Dr. Henderson had already been appointed School Medical Officer in 1908 (under Education Act 1907) and issued his first annual report, bound in with County Education Committee minutes in 1908. From 1915 onwards the School Medical Officer's report was not printed and bound in as before, but a typed copy was made available to committee members.

Dr. Craven carried on as combined sanitary authorities' M.O.H. submitting reports to Dr. Henderson.

1914/15

Dr. Craven vanishes from minutes and Dr. Baron Cockill appears in his place and remains as combined authorities' M.O.H. until 1939/40 when new scheme inaugurated.

County M.O.H. Dr. Henderson to have a deputy who would also act as combined District's M.O.H.

1940

Dr. W. Alcock appointed, County Medical Officer.

1942

Dr. Alcock moved to Burton-on-Trent and Dr. J. Wright and Dr. J. F. Dow acted as Joint County Medical Officers.

1946 May

Dr. John A. Guy was appointed County M.O.H. on resignation of Dr. Wright and Dr. Dow.

October, Dr. Cockill, District M.O.H. resigned after 32 years' continuous service.

1970 December, Dr. John A. Guy retired.

The above information kindly supplied by the County Archivist.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1970

Name	Qualifications	Office	Whole or Pt. Time	Other Offices
John A. Guy	M.D., D.P.H.	County Medical Officer	Whole	Principal School Medical Officer
I. S. Bailey (Resigned Sept. 1970)	M.A., M.R.C.S., L.R.C.P., D.P.H.	Deputy County Medical Officer	Whole	Deputy Principal School Medical Officer
R. Douglas Young	M.D., M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
R.J.C. Southern	M.B., Ch.B., M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
M.D. McGarry	L.D.S.	Principal Dental Officer	Whole	Principal School Dental Officer
J.B. Millar	B.D.S., L.D.S.	Dental Officer	Whole	School Dental Officer
K.S. Nunn (Commenced 1.11.70)	B.D.S.	Dental Officer	Whole	School Dental Officer
A. Dunn (Resigned 31.5.70)	B.D.S.	Dental Officer	Whole	School Dental Officer
K.M. Burnett (Resigned 1.9.70)	B.D.S.	Dental Officer	Whole	School Dental Officer
P.G. Holloway	Social Science Certificate	Mental Welfare Officer	Whole	--
A. Matthews	S.R.N., R.M.N.	Mental Welfare Officer	Whole	--
E. Nicoll	S.R.N., S.C.M., H.V.Cert.	Superintendent Nursing Officer	Whole	--
S.M. Head	Diploma in Institutional & Catering Management	Home Help Organiser	Whole	--
E. Bland	S.R.Ch., F.R.S.H.	Chiropodist	Whole	--
H.M. Wrigley (Resigned 30.9.70)	L.Ch., S.R.Ch.	Chiropodist	Whole	--

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	..	..	..	..	504,917
Population (Registrar-General's estimate of resident population, mid-1970)	..	..	..	..	72,700
Total Rateable Value as on 1st April, 1970	..	..	..	..	£2,680,631
Estimated product of a Penny Rate (General County) for the financial year 1970/71	..	..	..	..	£11,163

EXTRACTS FROM VITAL STATISTICS IN THE YEAR 1970

					Total	Males	Females
Live Births - Legitimate	..	..	..	..	967	504	463
Illegitimate	..	..	..	..	69	30	39
					<u>1,036</u>	<u>534</u>	<u>502</u>
Birth Rate per 1,000 of the estimated resident population	..	..	..	..	..	..	16.3
Birth Rate, England and Wales	..	..	..	..	..	..	16.0
Illegitimate Live Birth per cent of total live births	..	..	..	..	..	..	7
					Total	Males	Females
Stillbirths ..	..	..	..	..	16	6	10
Rate per 1,000 total live and stillbirths	..	..	..	..	15		
Stillbirth Rate, England and Wales	..	..	..	..	13		
					Total	Males	Females
Total Live and Stillbirths	..	..	..	..	1,052	540	512
					Total	Males	Females
Deaths of Infants under 1 year of age	..	..	..	..	17	9	8
Death-rate of Infants under 1 year of age:-							
All infants, per 1,000 live births	..	..	..	..	..	..	16
Legitimate infants, per 1,000 legitimate live births	..	..	..	..	..	..	16
Illegitimate infants, per 1,000 illegitimate live births	..	..	..	..	..	..	29
Infant Death Rate, England and Wales	..	..	..	..	..	..	18
					Total	Males	Females
Neo-Natal Deaths (under four weeks)	..	..	..	..	12	9	3
Rate per 1,000 live births	..	..	..	..	12		
Neo-Natal Mortality Rate, England and Wales	..	..	..	..	12		
Early Neo-Natal Mortality Rate (deaths under one week):							
Rate per 1,000 live births	..	..	..	..	11		
Perinatal Mortality Rate (Stillbirths and deaths under one week):							
Rate per 1,000 total live and stillbirths	..	..	..	..	26		
Deaths from Pregnancy, Childbirth or Abortions	..	..	..	..	Nil		
Rate per 1,000 total (live and still) births	..	..	..	..	Nil		
Maternal Mortality Rate, England and Wales, per 1,000 total (live and still) births	..	..	..	..	0.18		
					Total	Males	Females
Total Deaths	..	..	..	..	925	435	490
Death Rate per 1,000 of the estimated resident population	10.5
Death Rate, England and Wales	11.7

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POPULATION

DISTRICT	Area in acres (Land and Inland Water)	Population
		Registrar General's estimate Mid. - 1970
URBAN		
Appleby	1,877	1,980
Lakes	49,917	5,280
Kendal	3,705	20,480
Windermere	9,723	7,740
RURAL		
North Westmorland	288,688	15,780
South Westmorland	151,007	21,440
WESTMORLAND	504,917	72,700

BIRTH RATE

Birth Rate per 1,000 estimated resident population

District					1968	1969	1970
URBAN							
Appleby .. .. .	..	..	..	..	13.7	15.9	15.8
Kendal .. .. .	..	..	..	..	19.8	18.7	20.1
Lakes .. .. .	..	..	..	..	12.3	11.6	10.1
Windermere .. .. .	..	..	..	..	19.1	15.2	16.9
RURAL							
North Westmorland	..	..	..	..	19.0	17.8	16.2
South Westmorland	..	..	..	..	16.7	17.0	13.8
WESTMORLAND .. .. .	..	..	..	..	17.9	17.0	16.3
ENGLAND AND WALES .. .. .	..	..	..	..	16.9	16.3	16.0

The Birth Rates in the Table above are calculated using the comparability factor supplied for the purpose by the Registrar General.

Live Births registered in the last five years were as follows:-

Year	1966	1967	1968	1969	1970
Number of births	992	1,121	1,105	1,072	1,036

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DEATH RATE

Death Rate per 1,000 estimated population

District					1968	1969	1970
URBAN							
Appleby	..	..	..	..	14.0	14.4	12.4
Kendal	..	..	..	..	11.6	11.6	11.5
Lakes	..	..	..	..	9.6	10.3	9.3
Windermere	..	..	..	..	6.7	8.3	8.2
RURAL							
North Westmorland	..	..	..	..	12.2	9.7	12.9
South Westmorland	..	..	..	..	11.7	10.2	9.9
WESTMORLAND	..	..	..	..	10.8	10.3	10.5
ENGLAND AND WALES	..	..	..	..	11.9	11.9	11.7

The Death Rates in this Table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1968 and 1969 in order of maximum fatality in 1970 were as follows:-

					1968	1969	1970
Heart Disease	..	..	..	..	314	326	336
Cancer	..	..	..	..	188	164	175
Cerebral Haemorrhage	..	..	..	..	146	132	128
Violence (including accident)	..	..	..	..	50	30	57
Pneumonia	..	..	..	..	28	35	52
Bronchitis	..	..	..	..	32	32	45
Other Circulatory Diseases	..	..	..	..	39	47	34

It should be noted that owing to changes in the International Classification of Diseases the analysis of causes of death supplied by the Registrar-General is not strictly comparable with the classifications previously used.

MATERNITY AND CHILD WELFARE
INFANTILE MORTALITY (under 1 Year)
Rate per 1,000 Live Births

District					1968	1969	1970
URBAN							
Appleby	..	..	..	..	-	-	-
Kendal	..	..	..	..	25.0	14.0	16.0
Lakes	..	..	..	..	-	-	20.0
Windermere	..	..	..	..	19.0	12.0	31.0
RURAL							
North Westmorland	..	..	..	..	11.0	27.0	13.0
South Westmorland	..	..	..	..	25.0	14.0	17.0
WESTMORLAND	..	..	..	..	19.0	16.0	16.0
ENGLAND AND WALES	..	..	..	..	18.0	18.0	18.0

The Infant Mortality Rates are now given by the Registrar-General and are shown as whole numbers only.

Causes of death during 1970 in Infants under 1 year of age:-

Respiratory Distress Syndrome	5	Acute Virallaryngo-	
Prematurity	3	Tracheitis	1
Cerebral Anoxia	1	Bronchitis	1
Carbon Monoxide Poisoning	1	Cardiac Respiratory	
Virus pneumonia	1	Failure	1
Acute Respiratory infection	1	Virus Encephalitis	1
Atelectasis	1	TOTAL	17

NURSING SERVICES

The Community Nursing Services are a key factor in the support of the sick or frail person in the home. Not only is the Health Visitor and District Nurse often the first line of communication between the patient and the rest of the community Social Services, but in many areas, she is regarded as an integral part of the community, and as such a counsellor and friend.

The Nursing Service is now much more mobile than it has been in the past, and a Nurse associated with every community is no longer feasible, but it is possible to cover much larger areas and to use nursing resources in the same way as the family doctor service is used. During the coming year, reforms of the Nursing Service will become essential as it is increasingly difficult to recruit triple qualified staff, also the need to maintain a full staff of qualified midwives has been considerably reduced as only a small proportion of the births occur on the district each year. The following points need to be considered:-

- (1) Introduction of a Management Structure to correspond with that in the Health Services' Nursing Staff (Mayston Report 1970).
- (2) The establishment of close links throughout the County of Nurses with appropriate General Practices. Partial attachment is, however, operative in the Kendal Area.

Nursing Staff

Superintendent Nursing Officer	1
Senior Health Visitor	1
Health Visitors only	4
Health Visitor/Midwife	8
General Nurse/Midwife	6
General Nurse	5
General Nurse/Midwife/Health Visitor	10
Nursing Auxiliaries Part-time	5
S.R.N. Part-time Relief	5
S.E.N. Part-time	4
S.E.N. Full-time	3
Midwife only Part-time	1

VACCINATION AND IMMUNISATION

Since the Council submitted its original Proposals for providing vaccination against smallpox and immunisation against diphtheria, to take effect from the appointed day (4th July, 1948) for the National Health Service Act, 1946, a number of changes have been made possible by advances in immunology. The Secretary of State for the Department of Health and Social Security is advised on this subject by a Joint Committee on Vaccination and Immunisation, consisting of experts on the subject and as a result of that Committee's recommendations, the following extensions to this branch of the service have been made:-

- 1949 B.C.G. vaccination of contacts with Tuberculosis.
- 1950 Immunisation against whooping cough.
- 1954 B.C.G. Vaccination against Tuberculosis of children between 13th and 14th birthdays.
- 1956 Vaccination against Poliomyelitis.
- 1959 Immunisation against Tetanus.
- 1967 Vaccination against Anthrax of persons in trades involving risk.
- 1968 Vaccination against Measles.
- 1970 Vaccination against Rubella (German Measles) - girls only - 11 to 13 years old.

There is general agreement that immunisation should not commence before the child reaches 6 months of age, as in younger infants the antibody-forming system is not fully developed. The recommended intervals between doses are now longer than was customary in the past, and it is no longer felt inadvisable to give poliomyelitis vaccine at the same time as diphtheria/whooping cough/tetanus vaccine.

Revised Scheme of Inoculations for Infants and Children

- | | | |
|--|---|-----|
| (1) 6 months | Diphtheria, Tetanus, Whooping Cough (Triple)
Poliomyelitis (Oral). | |
| (2) 8 months | Triple - second dose. |) * |
| | Poliomyelitis - second dose. | |
| (3) 14 months | Triple - third dose. |) + |
| | Poliomyelitis - third dose. | |
| (4) 15 months | Measles Immunisation. | |
| (5) 5 years or School
Entrance.
(includes Nursery
School) | Diphtheria and Tetanus Booster.
Poliomyelitis (Oral) Booster. | |
| (6) 11 years | Rubella (against German Measles)
Girls only. | |
| (7) 12 years | B.C.G. (against Tuberculosis) | |
| (8) 15 years (or
School Leavers) | Poliomyelitis (Oral)
Tetanus. | |

* Re-start schedule if more than 8 weeks has lapsed since first dose.

+ A lapse of up to 12 months may be allowed after the second dose, before giving third dose. After this time the schedule should be re-started.

	Children born 1968 and vaccinated by 31.12.1970			Smallpox (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
	(1)	(2)	(3)	(4)
England & Wales	79	81	79	35
Westmorland	79	79	65	44

Appendices A, B and C show, in the form submitted to the Department of Health and Social Security, details of the work done during 1970, whilst the above Table, showing the percentages of children vaccinated against various diseases in Westmorland, together with comparable national figures, has been supplied by the Department.

Column 4 includes only children who were vaccinated during 1970 and were under 2 years old at the time, and is calculated as a percentage of children born during 1969.

Unfortunately the percentage receiving poliomyelitis vaccine was well below national average and nearly the lowest for any county in the country. This has been discussed with Medical Practitioners and every effort is being made to change this low acceptance figure.

APPENDIX A

SMALLPOX VACCINATION

Year Ended 31st December, 1970

Age at date of Vaccination	Number of Persons Vaccinated (or revaccinated during period)	
	Number vaccinated	Number revaccinated
0 - 3 months	6	-
3 - 6 months	1	-
6 - 9 months	1	-
9 - 12 months	17	-
1 year	442	1
2 - 4 years	156	9
5 - 15 years	31	79
TOTAL	654	89

APPENDIX B

TUBERCULIN TEST AND B.C.G. VACCINATIONYear Ended 31st December, 1970

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS

(i) No. skin tested	..	83	
(ii) No. found positive		59	
(iii) No. found negative		24	
(iv) No. vaccinated	..	35	(this includes infants vaccinated without previous testing).

B. SCHOOL CHILDREN AND STUDENTS

(i) No. skin tested	..	686
(ii) No. found positive		10
(iii) No. found negative		656
(iv) No. vaccinated	..	656

APPENDIX C

VACCINATION OF PERSONS UNDER AGE 16
COMPLETED DURING 1970

Table 1 - Completed Primary Courses - Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963-66		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	85	575	106	9	3	15	793
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	3	-	1	8	1	13
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	-	-	-	2	39	41
8. Salk	-	-	-	-	-	-	-
9. Sabin	65	568	124	10	25	8	800
10. Measles	3	257	298	103	149	39	849
11. Rubella	-	-	-	-	-	118	118
12. Lines 1+2+3+4+5 (Diphtheria)	85	578	106	10	11	16	806
13. Lines 1+2+3+6 (Whooping cough)	85	578	106	9	3	15	793
14. Lines 1+2+4+7 (Tetanus)	85	578	106	10	13	55	847
15. Lines 1+8+9 (Poliomyelitis)	65	568	124	10	25	8	800

Table 2 - Reinforcing Doses - Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963-66		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	2	50	97	18	155	15	337
3. Diphtheria/Pertussis	-	-	1	1	-	-	2
4. Diphtheria/Tetanus	-	14	40	6	663	54	777
5. Diphtheria	-	-	-	-	2	-	2
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	-	2	2	12	31	153	200
8. Salk	-	-	-	-	-	-	-
9. Sabin	3	41	89	21	691	34	879
10. Lines 1+2+3+4+5 (Diphtheria)	2	64	138	25	820	69	1118
11. Lines 1+2+3+6 (Whooping cough)	2	50	98	19	155	15	339
12. Lines 1+2+4+7 (Tetanus)	2	66	139	36	849	222	1314
13. Lines 1+8+9 (Poliomyelitis)	3	41	89	21	691	34	879

CHILD HEALTH CENTRES

The Local Health Authority provides 16 Child Health Centres, five of which are staffed by Health Visitors only, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal and Appleby operate weekly, whilst two others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access.

In addition to the arrangements outlined on the following pages for the distribution of Welfare Foods, the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

Details of Child Health Centres in operation at the end of the year are given below:-

Area			Centre held at	Frequency of Sessions
Ambleside	..	..	British Legion Room..	Monthly
Appleby	..	..	Old First Aid Post ..	Weekly
Bampton	..	..	Memorial Hall ..	Monthly
Bowness-on-Windermere			Rayrigg Room ..	Monthly
Brough	..	..	Church Hall ..	Monthly
Burneside	..	..	Bryce Institute ..	Monthly
Endmoor	..	..	Working Men's Club ..	Monthly
Kendal	..	..	Health Services Clinic	Weekly
Kirkby Lonsdale	..	..	Institute Hall ..	Monthly
Kirkby Stephen	..	..	Youth Centre ..	Fortnightly
Kirkby Thore	..	..	The Rectory ..	Monthly
Milnthorpe	..	..	Parish Church Hall ..	Fortnightly
Shap ..	..	..	Methodist Chapel Hall	Monthly
Staveley	..	..	Working Men's Institute	Monthly
Tebay ..	..	..	Methodist Chapel Hall	Monthly
Windermere	..	..	St. John Ambulance Rooms	Monthly

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendance at Centres

	<u>1968</u>	<u>1969</u>	<u>1970</u>
Under 1 year	2,244	2,441	2,659
Over 1 year	6,274	6,129	6,625
Average per session	32.9	32.1	32.3

New Functions of Child Welfare Clinics

It was suggested in 1968 that Child Welfare Clinics should be renamed Child Health Clinics, and that the emphasis should be placed in the Clinics on the early diagnosis and assessment of mental and physical handicaps. This is a radical change in the function of the Clinics, and it operates in close liaison with other services. During the coming year, more details will be presented to the Health Committee.

DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at the Kendal Clinic, and other subsidiary centres throughout the county; some at welfare centres, others at the homes of District Nurses, others run by the various voluntary associations, and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The annual distribution figures for Welfare Foods during the preceding two years and for the first full year in which the Local Health Authority became responsible for distribution are given in the following table:-

Year	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
1955	34,430	8,858	3,089	38,822
1968	7,846	787	1,295	14,553
1969	5,963	766	1,100	16,214

The quantities distributed during 1970 were:-

4,381	764	1,241	16,694
-------	-----	-------	--------

Increases in the price of National Dried Milk and Orange Juice and of charges for Vitamin Tablets and Cod Liver Oil would appear to be the reason for the noticeable fall in the quantities distributed.

In addition to the commodities referred to above, a fairly wide selection of proprietary infant foods and vitamin supplements is available at the Kendal Clinic for purchase at favourable rates. Foods to the value of £2,171 were disposed of during the 1970-71 financial year.

CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service.

The Service has continued to be maintained, but there have been increasing difficulties due to the very long waiting-list for elderly persons. This waiting-list has been under increasing pressure and is now approximately 16 weeks. This is too long, and appropriate measures need to be taken to reduce the waiting time. The mobility of elderly persons remains of the utmost importance, and if pain is experienced on walking, it is only too easy for the elderly person to take the easy way out and reduce their mobility, which in turn leads to a whole lot of medical conditions, e.g. Venous stasis, increasing stiffness of joints, confinement to bed and hypostatic pneumonias. It is thus of importance that this service should be maintained, and that a high standard of chiropody care should be given to residents of Homes for the Aged.

Number of persons treated:-

(i) Persons aged 65 and over	1,549
(ii) Expectant mothers	-
(iii) Others	17
	<hr/>
	1,566
	<hr/>

Number of treatments given:-

(i) In clinics	3,217
(ii) In patients' homes	1,406
(iii) In old people's homes	567
(iv) In chiropodists' surgeries	108
	<hr/>
	5,298
	<hr/>

CERVICAL CYTOLOGY

During 1970, 244 patients were examined, 210 were normal, 26 required treatment for non-malignant conditions and 8 submissions were technically unsatisfactory.

Further consideration needs to be given to the organisation of this service as greater co-ordination is needed between the General Practitioners, Local Authority and Hospital Services, regarding which patients have been tested and which require re-testing. The numbers involved can hardly be considered to be satisfactory. Every effort is needed to bring this matter to the attention of the women most at risk i.e. those who have had several children and who may find it difficult to attend Clinics. This is one of the most important preventive measures in cancer which has become available to women in recent years, and if applied to the population most "at risk" there is little doubt that lives could be saved. Unfortunately it is often difficult to contact and gain the co-operation of many of the women most in need of the test.

UNMARRIED MOTHERS AND THEIR CHILDREN

The County Nursing Officer is responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

					<u>1969</u>	<u>1970</u>
Births of Illegitimate Children notified	..				40	37
Confinements in:-						
Mother's own home	..	..	..	..	-	-
Helme Chase Maternity Home	..	..	..	..	32	28
Penrith Maternity Home	..	..	..	..	3	1
City Maternity Hospital, Carlisle	..	..	..	..	-	-
Other addresses	..	..	..	..	5	8
Subsequent History:-						
Mother keeping baby	..	..	..	..	32	33
Baby in care of aunt	..	..	..	..	-	-
Baby died	..	..	..	..	-	-
Left district	..	..	..	..	4	1
To foster parents	..	..	..	..	-	-
Adopted	..	..	..	..	2	3
Parents now married	..	..	..	..	2	-

CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1970:-

Born in Hospital:

Stillbirths	..	..	..	..	..	..	12
Live Births	..	..	..	..	..	..	48
Died within 24 hours of birth	..	..	..	..	..	..	5
Died between 1 and 7 days of birth	..	..	..	..	..	..	3
Survived 28 days	..	..	..	..	..	..	40

Born at Home or Nursing Home

Stillbirths	..	..	..	..	..	..	-
Live Births nursed entirely at home or nursing home	..	..	..	..	..	..	3
Died within 24 hours of birth	..	..	..	..	..	..	1
Died between 1 and 7 days of birth	..	..	..	..	..	..	-
Survived 28 days	..	..	..	..	..	..	2
Live Births transferred to Hospital	..	..	..	..	..	..	1
Died within 24 hours of birth	..	..	..	..	..	..	-
Died between 1 and 7 days of birth	..	..	..	..	..	..	-
Survived 28 days	..	..	..	..	..	..	1

REGISTRATION OF NURSING HOMES

(Sections 187 to 194 of the Public Health Act, 1936)

There was 1 registered home at the end of the year, providing beds for 31 patients. One other home surrendered its Certificate of Registration during the year. They have been inspected at regular intervals.

In August 1963, the Minister of Health made "The Conduct of Nursing Homes Regulations, 1963", which enable registration authorities to ensure that standards of accommodation, staffing, equipment and facilities generally are appropriate to the type of work done, and the kind of patients accommodated in the home. The authority is also enabled to prescribe the number of patients (both in total, and of any particular type) who may be kept in the home at any time.

These Regulations fill a long-felt need in the field of Nursing Homes Registration, as under the provisions of the Public Health Act, 1936, it was almost impossible to exert any form of control over a Nursing Home once it had been registered.

The condition of the home was satisfactory.

REGISTRATION OF DAY NURSERIES AND CHILD MINDERS

Under the Nurseries and Child Minders Regulation Act, 1948, the Local Health Authority was required to register, and empowered to supervise:-

(a) premises in their area, (referred to as Day Nurseries) other than premises wholly or mainly used as private dwellings, where children were received to be looked after for the day or a substantial part thereof, and

(b) persons, (referred to as Daily Minders) who for reward received into their own homes children under the age of five, to be looked after for the day or a substantial part thereof.

The Act did not apply to residential nurseries or to foster parents, nor was it an offence for a daily minder to receive into her home up to two children of whom she was not the relative, or more than two children from the same household.

About the latter part of 1967 however, considerable interest in "Play Groups" became apparent and a further 5 nurseries and one child minder were registered during 1968.

Amendments to the Nurseries and Child Minders Regulation Act, 1948, enacted in the Health Services and Public Health Act, 1968, which became operative on 1st November, 1968, extended the scope of the original Act and strengthened local authorities' powers in the following directions:-

(a) a period of two hours in the day (or an aggregate of two hours), was substituted for "a substantial part of the day",

(b) the provision that an offence is committed by a daily minder only if she received more than two children from more than one household is deleted and an offence is now committed by any unregistered person who receives into her home for reward one or more children to whom she is not related.

(c) the maximum penalties for offences are increased to a fine of £50 for a first offence, and for a subsequent offence, to imprisonment for up to three months, a fine not exceeding £100, or both.

DENTAL TREATMENT OF EXPECTANT AND
NURSING MOTHERS AND YOUNG CHILDREN

During 1970 the amount of work done for this priority group showed a dramatic drop because of staffing problems.

My thanks to the nursing staff, as always, for their continued help and co-operation in referring patients and for their constant dental health education of these priority groups by increasing their awareness, where necessary, of the advantages of regular dental attention.

Part A. Attendances and Treatment

Number of Visits for Treatment during year

	Children 0 - 4(incl.)	Expectant and Nursing Mothers
First Visit	91	63
Subsequent Visits	34	90
Total Visits	125	153
Number of Additional Courses of Treatment other than the First Course commenced during the year	17	15
Treatment provided during the year - Number of Fillings	99	215
Teeth Filled	92	199
Teeth Extracted	31	59
General Anaesthetics given	14	-
Emergency Visits by Patients	23	9
Patients X-rayed	2	12
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	3	41
Teeth Otherwise Conserved	37	-
Teeth Root Filled	-	-
Inlays	-	2
Crowns	-	2
Number of Courses of treatment completed during the Year	85	59

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	4
Patients Supplied with other Dentures	5
Number of Dentures Supplied	12

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers ..	12
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Part D. Inspections

	Children 0 - 4(incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year	A. 240	D. 77
Number of Patients in A and D above who required Treatment	B. 115	E. 64
Number of Patients in B and E above who were offered Treatment.. ..	C. 112	F. 64

Part E. Sessions

Number of Dental Officer Sessions (i.e.
Equivalent Complete Half Days) devoted
to Maternity and Child Welfare Patients:

For Treatment	G. 80
For Health Education	H. 5

M. D. McGARRY.

HOME HELP SERVICE

The Home Help Service is available to those in need of domestic help for such reasons as: old age, infirmity, confinement, physical disability, mental strain or disability, general illness, pre-operative and post-operative care, and for the care of young children during the absence of their mother.

Help was given on the recommendation of a doctor, midwife, health visitor, district nurse, medical social worker, mental health worker, welfare worker, etc. Any direct application from a prospective patient or unqualified person is given if the Organiser is satisfied there is a real need. If the Organiser is doubtful she seeks the advice of the family doctor.

MIDWIVES' ACT

Total number of Midwives practising at the end of the year ...	41
District Nurse Midwives	29

Midwives in Institutions:-

(a) Helme Chase Maternity Home	12
(b) St. Monica's Maternity Home, Kendal	-
	<hr/>
	12
	<hr/>

Midwives' Notification Forms received during 1970 were as follows:-

Sending for Medical Aid	2
Stillbirth and death	10
Having laid out a dead body	4
Liability to be a source of infection	-

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Services Department, but the County Medical Officer is responsible for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

MENTAL HEALTH

The Training Centre is now in the position of having a small waiting-list. The Special Care Unit has proved its worth by taking some of the burden off parents who have hitherto been tied to the house by reason of a severely subnormal child. The Adult Centre is now producing a range of useful household articles and even does picture framing.

AMBULANCE SERVICE

Demands on the Ambulance Service continue to increase, long distances in the County making it increasingly difficult to maintain the essential emergency cover. It remains one of the most important County Council services, as it is the only service that every day of the week throughout the year, provides emergency service, and in this sense it is unique.

AMBULANCE SERVICE

1st January - 31st December, 1970

CALLS	Station	No.	Patients Carried				Total Patients	Patient Carrying Journeys	Abortive and Service Journeys	Total Journeys	Mileage
			Infectious	Accidents	Maternity	Others					
	Kendal	5	6	295	206	3,902	4,409	3,429	50	3,479	82,520
	Ambleside	1	1	105	9	102	217	189	5	194	7,082
	Appleby	1	-	48	27	158	233	226	3	229	14,113
	K.Stephen	1	-	24	18	124	166	157	5	162	12,957
		8	7	472	260	4,286	5,025	4,001	63	4,064	116,672
1969		8	15	614	311	4,447	5,387	3,850	103	3,953	113,646
1968		9	14	626	258	3,115	4,013	3,318	110	3,428	105,869
Average miles per journey											
			1970	1969		1968					
	Kendal		23.72	23.47		25.51		1970	1969	1968	
	Ambleside		36.51	33.13		34.8					
	Appleby		61.63	67.96		64.4		28.71	28.75	30.88	
	Kirkby Stephen		79.98	75.4		78.79					

On behalf of other Authorities 54 journeys were carried out with a mileage of 1,916.

TUBERCULOSIS

The Tuberculosis work in the County is now divided between the Manchester and Newcastle upon Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle upon Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes. The Chest Physicians give general directions to the work of the Tuberculosis Visitors.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared susceptible to the disease, and during 1970, 83 contacts were tested, of whom 59 were found positive. 35 contacts were vaccinated. This latter figure includes a number of newborn infants vaccinated.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53, and from May 1959 this was extended to all young persons in attendance at schools or other educational establishments.

The following Table gives details of the work done under the scheme during 1970:-

Number Skin Tested	Found Positive	Vaccinated
686	10	656

A feature of this work is the fall in the number of children showing a positive reaction to the test since the commencement of the scheme, as shown in the following Table:-

<u>Year</u>	<u>Percentage of children found positive</u>			
1955	34.0
1969	1.7
1970	1.5

TUBERCULOSIS

In the following table are the figures for notifications of and death from Tuberculosis in 1970:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	-	-	-	-	-	-	-	-
1	-	-	-	1	-	-	-	-
5	1	-	-	-	-	-	-	-
15	-	-	1	-	-	-	-	-
25	-	1	-	-	-	-	-	-
35	1	1	1	-	-	-	-	-
45	-	-	-	-	-	-	-	-
55	2	1	-	-	-	-	-	-
65	2	-	-	2	-	-	-	-
75	-	-	-	-	-	-	-	-
1970 TOTAL	6	3	2	3	-	-	-	-
1969	2	2	-	2	-	-	-	-

TUBERCULOSIS AND OTHER CHEST DISEASES
NORTH WESTMORLAND

The work-load on the chest centre has been heavy throughout 1970. Despite efforts to keep re-attendances down to the minimum, many routine re-appointments have been delayed by the pressure of new cases.

This is the first full year with only two medical staff working at the chest centre, and the total attendances have fallen slightly.

A total of 8,316 attendances was recorded in 1970 compared to 9,637 in 1969. The number of new patients increased by 156 to a total of 1,593.

Tuberculosis

Table I shows the number of cases on the Tuberculosis Register at 31.12.70.

Table I

	East Cumberland	Carlisle City	North Westmorland
Respiratory	126	138	14
Non-Respiratory	11	27	2
Total	137	165	16

During the year 42 cases were removed from the Register, 21 through death; of these, three died with active disease and two more of the deaths were directly attributable to tuberculosis.

Table 2 shows the number of new cases diagnosed during the year, for the three areas of East Cumberland, the City of Carlisle, and North Westmorland, and the previous five years:-

Table 2

Year	East Cumberland	Carlisle City	North Westmorland
1965	14	20	-
1966	11	20	4
1967	23	13	2
1968	6	12	1
1969	10	12	1
1970	16	32	1

Table 3 shows the number of beds available for respiratory disease; these are unchanged. There is no shortage of beds, the problem is the general shortage of nurses.

Table 3

Hospital	Beds available	No. discharged in 1970	No. discharged in 1969
Ward 18, Cumberland Infirmary	13	218	247
Longtown Hospital	26	108	115

The increase of 25 cases of respiratory tuberculosis, which includes four cases of pleural effusion, is disturbing, although the increase in East Cumberland is less than that in the City of Carlisle. When dealing with relatively small numbers an increase of this order may not be as significant as it at first appears, but for many years there has been a gradual fall in the number of new cases, both nationally and locally. Complete figures for England and Wales are not yet available but provisional figures for 1970 suggest that nationally this fall has continued.

The increase is not confined to any particular age group, and more than 50% of these cases were infectious at the time of diagnosis.

Of the new cases, three were contacts of previously known cases; four had known lesions, previously thought to be inactive, and two had previously been on the Tuberculosis Register but had been considered cured in 1962 and 1964 respectively. Neither of these had had what would now be considered an adequate course of chemotherapy.

Only one new case was an immigrant.

Of the younger patients, two had been previously vaccinated with B.C.G. at school and must be considered vaccination failures; three had refused Mantoux testing or B.C.G. vaccination, and two had already shown positive Mantoux tests at school. Of the 26 new cases in Carlisle, ten were discovered by mass radiography. Of the 14 new cases in East Cumberland only three were discovered by this means. These figures reflect the availability of the Mass Miniature Radiography Service and it could well be that more cases would be diagnosed in East Cumberland if a mass radiography service were available.

Examination of Contacts

A total of 1,462 new contacts were seen in 1970 compared to 1,296 in the previous year; four cases of active tuberculosis were discovered as a result.

In addition 17 infants and children were found to have positive Mantoux tests and these have been given prophylactic chemotherapy which much reduces the risk both of acute manifestations such as tuberculous meningitis now and pulmonary disease in the future.

As usual, a number of contacts declined to attend for examination.

All Mantoux negative contacts were offered B.C.G. vaccination and those vaccinated five or more years ago whose Mantoux reactions had reverted to negative were re-vaccinated. Whether re-vaccination is necessary is not known with certainty. British and Scandinavian figures suggest that it is not, yet two of our new cases had been vaccinated some years previously. Whether they were ever Mantoux negative in the intervals is not known.

Table 4 shows the number of B.C.G. vaccinations carried out during the year.

Table 4

	1970	1969
East Cumberland	123	85
Carlisle City	187	60
North Westmorland	21	11
Hospital Staff	53	61
	384	217

The x-ray examinations of Mantoux positive school children revealed no cases of tuberculous disease.

There is a possibly significant difference in the spontaneous Mantoux conversion rates of children in 12/13 in East Cumberland and Carlisle although opinions may differ on the interpretation of Mantoux tests. In 1970 the incidence in the Northern region of the County area was 2.27% and in the same year the incidence in Carlisle City was 0.86%. Whether this difference is due to a high incidence of infection with the almost non-pathogenic avian tubercle bacillus in the country areas, or whether there is a pool of undiscovered human cases of tuberculosis in the county area is not yet known.

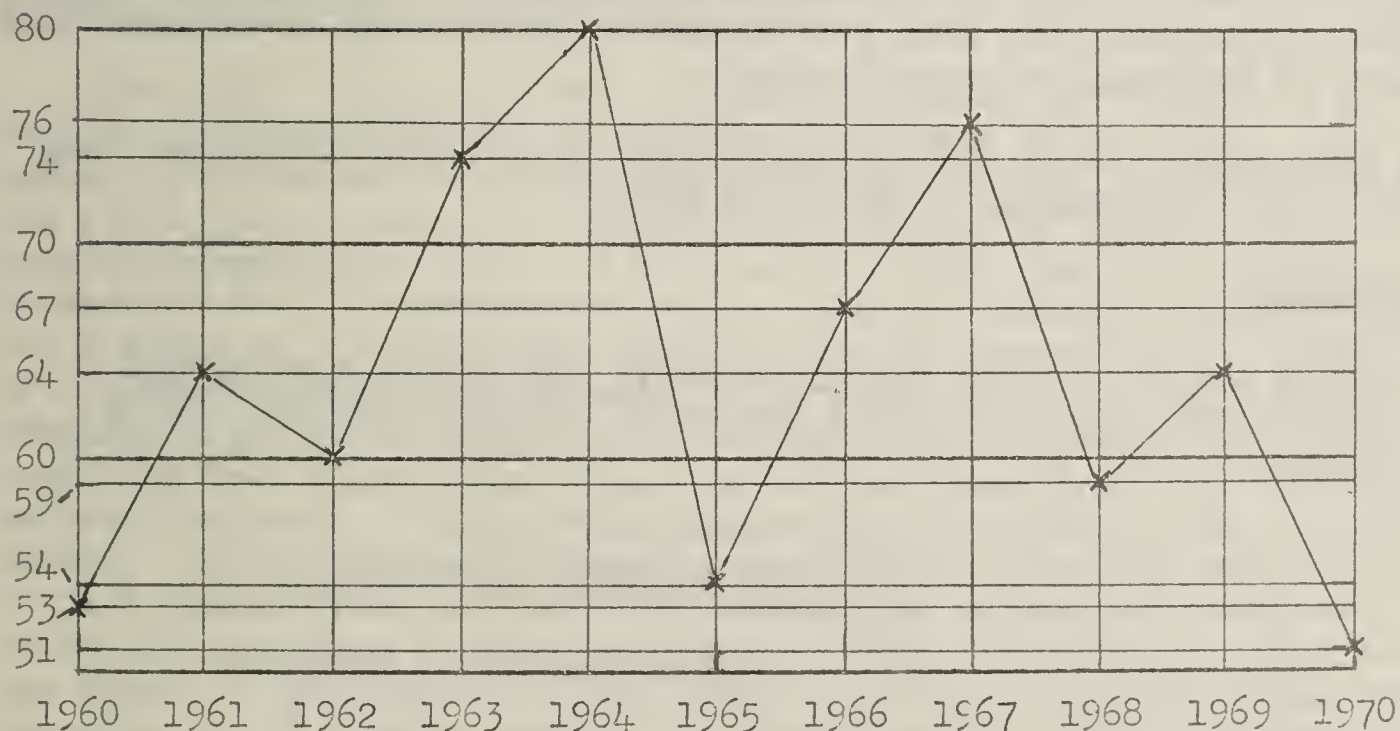
Approximately 10% of school children do not get Mantoux tested because parental consent has not been given and consequently about 10% of the young adult population have not been protected by B.C.G.

It is obvious that the problem of tuberculosis is still with us and if the disease is to be kept to the minimum this is no time to reduce either effort or resources in combating it. Doctors must be actively on the look out for the disease; x-rays must be readily available to the general public; contacts must be not only sought out but be persuaded to come for examination; all lesions of doubtful activity and children with recent Mantoux conversion must, as far as possible, be treated rather than observed, and the parents of the 10% of school children who withhold permission for tuberculin testing must be reasoned with, so that the ideal of 100% protection of school leavers by B.C.G. may be attainable.

Bronchial Carcinoma

Figure 1 shows the number of new cases of bronchial carcinoma seen at the Chest Centre during the last ten years. In addition an unknown number of cases have been seen at the Cumberland Infirmary and the City General Hospital in 1970. Only 6 cases seen at the chest centre were submitted for surgery.

Figure 1



Of the 51 cases (46 male and 5 female) seen at the chest centre in 1970, 26 were discovered through mass radiography; 24 of the new cases had already died before the end of the year.

After the second report of the Royal College of Physicians and its attendant publicity, there is little more to be said on this topic. Cigarette smoking remains the chief cause. The medical profession have failed over the years to make any significant impression, either by advice or example, on this problem. Perhaps the Government and the professional persuaders could do more if they would.

Contrary to the increasingly depressing national figures, there has been no increase in the number of new cases of bronchial carcinoma seen at the chest centre over the past few years.

Mass Radiography

The Static Unit has continued to operate throughout the year at 1, Brunswick Street, Carlisle, and there has again been an increase in the work done. The mobile Unit from Newcastle has also conducted two surveys in the area. Table 5 is a summary of the work done.

Table 5

	1970	1969	1968
Miniature films	6,674	6,419	6,259
Referred for clinical examination	434	324	360
Active tuberculosis	17	4	3
Inactive tuberculosis	8	14	25
Bronchiectasis	3	5	7
Neoplasm	26	17	15
Pneumoconiosis	2	1	1
Sarcoidosis	1	2	2
Cardiac conditions	30	29	36
Doctors' cases	3,014	3,152	2,966
Contacts per chest centre ..	234	37	251
General public	2,307	2,416	2,368
Works personnel	1,119	814	667

These figures confirm the continued usefulness of the Unit, not only for diagnostic purposes but also for screening groups such as contacts and new members of hospital and school staffs.

One hopes that the Unit will continue to be as well patronised when it moves to the City General Hospital in 1971.

Acknowledgements

My thanks are due to Dr. H.L.R. Sargant, and to the nursing and clerical staffs for their continued hard work and co-operation during the past year.

R. J. C. SOUTHERN, M.B., M.R.C.P.

Consultant Chest Physician.

SOUTH WESTMORLAND

TUBERCULOSIS

At the end of 1970 the number of patients on the Clinic Register was 69. Seven new respiratory cases and four non-respiratory cases were discovered during the year. The trouble in five of the respiratory cases was due to a break-down of old disease which had either never been treated or given therapy which, by modern standards, would be considered inadequate. In the other two it was recent infection in a susceptible adult which caused the illness and in neither case was the source discovered after a considerable search. The four non-respiratory cases had no established connection with each other. The only patient in the area known to be harbouring drug-resistant organisms has been operated on and is now no longer infectious.

Hospitals

Beaumont Hospital, Lancaster, remains the treatment centre for tuberculous patients. There are thirty-six beds and there is no waiting list for admission.

Clinics

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
New Cases.. .. .	379	291	293	271	235
B.C.G. Vaccinations	59	45	39	38	42
Total Attendances	1,073	931	909	782	679
Visits by Tuberculosis Health Visitor	810	452	445	406	395

The figures for the year show a diminished attendance at the Clinic and this reflects both the reduced incidence of tuberculosis and the addition of two new physicians to the number of visiting consultant staff holding out-patient clinics in Kendal.

The usual range of chest illnesses continue to be seen at the Clinic with an increasing number of advanced neoplasms of the lung. The over-all number of patients with bronchial carcinoma who are referred to hospital and found to be curable by operative removal or by radical radio-therapy remains depressingly low. It can only be hoped that the proposals put forward by H.M. Government to reduce cigarette smoking will have some effect but I doubt if a substantial drop in consumption will occur without a ban or a prohibitive tax which would be socially unfair. The number of chronic bronchitic patients admitted to the Chest Unit in respiratory failure has been much less this winter than for several years past and this might reflect the loss of many such patients during the influenza epidemic last winter. The incidence of chronic bronchitis in the area would not appear to have changed much as judged by admissions to all the hospitals, and while the treatment of such patients in their own home has improved over the years, a diminution of this incidence must also wait on the hope for reduction in cigarette smoking and general extension of measures to reduce atmospheric pollution. I am indebted to all the staff of the Health Department and of the Chest Clinic for their help and co-operation during the year.

R. DOUGLAS YOUNG, M.D., M.R.C.P.E.,

Consultant Chest Physician.

TABLE I

ANTE-NATAL, MOTHERCRAFT and RELAXATION CLASSES

Number of women who attended during the year	Institutional booked	138
	Domiciliary booked	1
	Total	139
Total attendances during the year		811

TABLE II

DOMESTIC HELP

Number of cases where Help was provided during 1970:-							
(1)	Aged 65 years or over	...	...	...	...	...	331
(2)	Chronic Sick and Tuberculous	...	...	...	...	...	21
(3)	Mentally disordered	...	...	...	...	...	2
(4)	Maternity	...	...	...	...	...	15
(5)	Others	...	...	...	...	...	16
							<hr/> 385

TABLE III

HOME NURSING

	Persons aged under 5 yrs. at first visit	Persons aged 5-65 yrs. at first visit	Persons aged over 65 yrs. at first visit	Totals
No. of persons nursed during the year	131	1,072	2,957	4,160
No. of visits paid during year	554	9,981	54,346	64,881

CHILD HEALTH CENTRES

TABLE IV

No. provided	No. of children who attended and who were born in:-			No. of sessions held by				Total number of sessions	Total attendances of children who were born in:-		
	1970	1969	1965-68	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1970	1969	1965-68
16	471	385	384	77	110	100	-	287	2,659	3,538	3,087

HEALTH VISITING

TABLE V

	Children born in:			Total children	Persons aged:-		Mentally ill persons	Persons(excl. maternity cases) discharged from hospitals	Tuberculous households	Households visited on account of other infectious diseases
	1970	1969	1965-68		5-65 years	65 yrs. or over				
No. of cases visited	1,127	1,060	1,999	4,186	332	883	30	41	230	142
No. of visits	8,345	6,207	7,834	22,386	1,411	4,855	131	87	493	165

TABLE VI

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

Number of domiciliary confinements attended by midwives under N.H.S. arrangements		Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day	
Doctor not booked	Doctor booked	Total	
2	17	19	904

TABLE VII

AMBULANCE SERVICES

(1)	No. of Vehicles at 31.12.70. (2)	Total No. of patients (3)	Total No. of Journeys (4)	No. of emergency patients included in col.(3) (5)	Total mileage during period (6)
Ambulances Cars ..	8 See below *	5,025 38,183	4,064 13,672	472 325	116,672 481,016

NOTE - * The Sitting-case Car Service was provided by voluntary drivers and taxis.

MENTAL HEALTH ACT, 1959
PATIENTS IN COMMUNITY CARE

	Mentally Ill		Psychopathic		Mentally Handicapped		Severely Mentally Handicapped		Elderly Mentally Infirm M. F. (17) (18)	Grand Total
	Under age 16 M. F. (1) (2)	16 and over M. F. (3) (4)	Under age 16 M. F. (5) (6)	16 and over M. F. (7) (8)	Under age 16 M. F. (9) (10)	16 and over M. F. (11) (12)	Under age 16 M. F. (13) (14)	16 and over M. F. (15) (16)		
1. Number of patients under L.H.A. care at 31.12.70. Total Number ..	27 11	18 37	- -	- -	5 3	48 42	15 11	13 10	- -	240
2. Attending day training Centre ..	- -	1 -	- -	- -	1 -	6 7	11 11	7 4	- -	49
3. Awaiting entry thereto Resident in residential training centre .. Awaiting residence therein	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
4. Receiving home training	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
5. Awaiting home training	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
6. Resident in L.A. home/hostel	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
7. Awaiting residence in L.A. home/hostel ..	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
8. Resident in other home or home or hostel ..	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
9. Boarded out in private household ..	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
10. Attending Day Hospital	- -	- -	- -	- -	- -	- -	- -	- -	- -	-
Receiving home visits and not included under 2-10. (a) Suitable to attend Training Centre .. (b) Others ..	27 11	17 37	- -	- -	4 2	3 5	2 -	6 1	- -	11 178

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER 1970

Referred by:	Mentally Ill		Psychopathic		Mentally Handicapped		Severely Mentally Handicapped		Total
	Under age 16 M. F. (1) (2)	16 and over M. F. (3) (4)	Under age 16 M. F. (5) (6)	16 and over M. F. (7) (8)	Under age 16 M. F. (9) (10)	16 and over M. F. (11) (12)	Under age 16 M. F. (13) (14)	16 and over M. F. (15) (16)	
(a) General practitioners	8	6	4	7	8	6	4	7	
(b) Hospitals, on discharge from in-patient treatment	-	-	5	9	-	-	1	-	15
(c) Hospitals, after or during out-patient or day treatment.. ..	2	-	8	8	-	-	1	-	19
(d) Local education authorities	13	2	-	-	-	-	1	1	17
(e) Police and courts ..	-	1	4	3	-	-	-	-	8
(f) Other sources	4	5	19	17	-	-	4	-	50
(g) Total	27	14	40	44	-	-	6	2	135

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1970

AGES	Smallpox	Scarlet Fever	Paratyphoid Fever	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Acute Polio- Encephalitis	Dysentery	Opthalmia Neonatorum	Measles	Whooping Cough	Food poisoning	Acute Post-Infective Encephalitis	Typhoid Fever	Acute Meningitis	Infective Jaundice
Under 1 year	-	-	-	-	-	-	-	-	5	1	-	-	-	1	-
1-2 years	-	2	-	-	-	-	-	-	53	2	-	-	-	-	-
3-4 years	-	3	-	-	-	-	-	-	45	3	-	-	-	-	-
5-9 years	-	7	-	-	-	-	-	-	114	4	-	-	-	3	-
10-14 years	-	1	-	-	-	-	-	-	26	-	1	1	-	1	2
15-24 years	-	1	-	-	-	-	-	-	5	-	-	-	-	-	2
25 years and over	-	-	-	-	-	-	-	-	1	-	-	1	-	-	5
Total Cases notified	-	14	-	-	-	-	-	-	249	10	1	2	-	5	9

SCHOOL HEALTH SERVICESTAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer - JOHN A. GUY, M.D.,D.P.H.

Deputy Principal School Medical Officer -

I.S. BAILEY, M.A.,M.R.C.S.,L.R.C.P.,D.P.H.
(Resigned - September, 1970)

Principal School Dental Officer - M.D. McGARRY, L.D.S.

School Dental Officers -

J. B. MILLAR, B.D.S.,L.D.S.

K. S. NUNN, B.D.S. (Commenced 1.11.1970)

A. DUNN, B.D.S. (Resigned 31.5.1970)

K. M. BURNETT, B.D.S. (Resigned 1.9.1970)

Audiometrician - Part-time: MRS. V. I. BIELBY.

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye - O. M. DUTHIE, M.D.,F.R.C.S.

Diseases of the Chest -

Dr. R.J.C. SOUTHERN. (Consultant Chest Physician).
Chest Centre, Carlisle.

Dr. R. DOUGLAS YOUNG, (Consultant Chest Physician),
Lancaster and Kendal.

Consulting Psychiatrists -

Dr. R. C. CUNNINGHAM, Medical Superintendent,
Royal Albert Hospital, Lancaster.

Dr. J. CURRAH, M.B.,B.S.,D.P.M., Consultant Child Psychiatrist.
Lancaster Moor Hospital, Lancaster. (Resigned May 1970)

THE EDUCATION AREA

County of Westmorland:-

Area...	...	...	504,917 acres
Population (estimated mid-1970)	...	...	72,700
Estimated Product of ld. Rate, 1970/71	...	...	£11,163
Number of Schools - Primary	...	...	80
Secondary	...	...	11
Nursery	...	...	1
Special	...	...	2
Number of pupils (January 1970)	...	...
Primary	...	...	6,427
Secondary	...	...	4,224
Nursery	...	...	58
Special	...	...	87

10,796

Milk in Schools Scheme

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected. Despite efforts to obtain the safest milk available, too many schools are still supplied with Untreated Milk, and the position cannot be regarded as entirely satisfactory until all supplies are heat-treated and delivered in one-third pint bottles.

<u>County Schools</u>					
<u>Designation of milk supplies</u>					<u>No. of schools</u>
Untreated	...	...	...	...	19
Pasteurised	...	...	...	...	56
					<hr/> 75 <hr/>
Number of schools taking milk in other than $\frac{1}{3}$ pint containers					13

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 31 samples taken 2 failed to satisfy the prescribed tests.

Infestation (Uncleanliness)

During the past year 22,684 examinations were carried out by the Health Visitors, and the number of children found to be infested with lice or nits was 101 compared with 115 during the previous year.

The following Table shows the incidence of infestation during the past ten years.

Year	No. of examinations for uncleanliness	No. of children found unclean	Per cent of children found unclean.
1960	18,693	107	1.5%
1970	22,684	101	1.3%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

Ear, Nose and Throat Conditions

81 children received operative treatment for adenoids and chronic tonsillitis during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

The Department of Education and Science is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking medical officers to record for each child seen at periodic inspection whether he or she has undergone the operation at any previous time.

The figures observed in this County in 1970 are as follows:-

	No. examined	No. who had had tonsillectomy	Percentage
Entrants	1,142	16	1.4
Intermediates	985	96	9.7
Leavers	716	116	16.2
Others	275	35	12.7

Children with special defects or abnormalities are referred to the hospitals in Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhoea, increasing deafness and infected sinuses, and particularly children found to be deaf as a result of routine audiometric surveys in the schools. The following list illustrates the type of case referred:-

<u>Condition</u>	<u>No. of children referred</u>
Defective hearing... ..	28
Enlarged tonsils and adenoids with other symptoms	6
Other ear, nose and throat defects and infections	1

Speech Therapy

Number of children who have attended for Speech Therapy	116
Number of attendances made	504

Miss J. Craig commenced duty as full-time Speech Therapist in October 1970, and Mrs. Spencer continues with part-time services.

Audiometric Surveys

All children in attendance at a school should be subjected to a Sweep Test, using the Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there are unsatisfactory on account of noise, etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions, and when these exist the test is repeated when the condition has resolved. Impedance audiometry may change the pattern of tests in the future.

Children whose response to further testing is still unsatisfactory are then seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

Child Guidance Clinic

Dr. Currah resigned in May 1970. Sessions are being continued twice monthly at present.

The services of Dr. R. C. Cunningham continue to be available for advice in cases of mental abnormality and related educational matters.

Number of cases during 1970 ...	34
Number of attendances	101

School Clinics

The Department has requested that this Report should give the location and details of the sessions held at the School Clinics, and the relevant information is given below:-

<u>Location</u>	<u>Types of Clinics</u>	<u>Frequency of Sessions</u>
Health Services Clinic, Kendal.	Dental treatment	Daily
	Ophthalmic examination	Weekly
	Speech Therapy	As required
	Vaccination	As required
	Child Guidance	Weekly
U.D.C. Offices, Ambleside.	Dental	As required
Appleby Clinic	Speech Therapy	Weekly
	Dental	As required
	Vaccination	As required.

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, cases from North Westmorland to Cumberland Infirmary.

Number of children known to be attending Hospital Out-Patient Departments during the year was 111.

Handicapped Pupils

Under the Education Act 1944 it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school-teachers or the Educational Adviser to the School Medical Officer who examines them and reports to the Local Education Authority. The number of cases examined during the year was 52 of whom 17 were recommended for admission to Special Schools for Educationally Subnormal pupils, 2 for Partially Hearing pupils and 2 for Physically Handicapped pupils.

In addition, 5 children were found to be ineducable and recommended for action under Section 57(4) Education Act, 1944. 26 children were referred for further examination after a trial period with special help in ordinary schools and of these 2 children were referred to Child Guidance Clinic. A copy of the report on each case is submitted to the Educational Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

I am indebted to the Director of Education for the figures in the Tables on pages 53, 54 and 55.

Treatment of Visual Defects

All schoolchildren found to be suffering from visual defects are referred for examination under the General Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, sessions are held as required at the Kendal Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Mr. O.M. Duthie, F.R.C.S., formerly Consultant Ophthalmologist at Manchester Royal Eye Hospital, now undertakes the work at the Kendal Clinic.

Children whose eye conditions necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultant at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision	...	...	177
Total number examined by Ophthalmologists or Ophthalmic Opticians	...	...	395

B.C.G. VACCINATION OF SCHOOLCHILDREN

A full report on the B.C.G. Vaccination arrangements is given in the Report of the County Medical Officer of Health, but it may be mentioned here that during 1970 the following work relating to schoolchildren was undertaken:-

Number Skin Tested	Number Positive	Number Vaccinated	Percentage Positive
686	10	656	1.5

The percentage of children found positive shows a slight decrease on the figure for the previous year.

POLIOMYELITIS VACCINATION

This work is carried out under the control of the Local Health Authority, but I would here like to acknowledge once again the ready co-operation of the teachers and their forbearance in the frequent interruption of the school routine which repeated visits to the schools in connection with this work entails.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1970

I have the honour to present the annual report for the School Dental Service for the County of Westmorland for 1970.

The statistical tables will be found on page 52.

Staff

Dental Officers

Mr. A. Dunn resigned from the service with effect from 31st May, and Mr. K.M. Burnett with effect from 30th August. For the first time since I took up duty as Principal School Dental Officer, we were unable to fill the resultant vacancies at once. Mr. K. Nunn took up duty on 1st November and Miss C.D. Evans was appointed to take up duty in January 1971.

Dental Surgery Assistants

Miss J. Carruthers resigned from her post with effect from 31st May. Miss J. Horne took up duty on 23rd November.

Dental Inspection and Treatment

The statistical returns for inspection and treatment show a dramatic drop from 1969 as a direct result of the fact that our whole-time equivalent of Dental Officers in post fell from 4 to 3. For the period when the County was served by only 2 Dental Officers, not only did routine treatment lag behind, but an unreasonable portion of their time was taken up with emergency treatment as a direct result of the staff shortage.

Dental Health Education

Again as a result of staffing problems the time devoted to this subject has almost halved.

Report of Dental Officer from Department of Education & Science

In April, the Dental Service was inspected by Mr. Everett, one of the Department of Education and Science's Dental Officers.

The report was in general favourable - the dental service being described as well organised and efficient with an output of work substantially greater than the national average.

The following recommendations were made:-

- (1) A revised version of the consent to treatment form.
- (2) A graded staff structure within the existing establishment, by the creation of a Senior Dental Officer.
- (3) The phasing out of the unsatisfactory surgery in Ambleside Clinic.
- (4) The purchase of an additional Mobile Dental Clinic.

Action has been taken on all these points and the recommendations have been carried out or are in the process of being carried out.

In conclusion, I wish to take this opportunity to thank Dr. Guy at the end of his last year as County Medical Officer for the support, help and guidance he has given to me personally and to the Dental Service over the years.

I also wish to thank the teachers and in many cases also school secretaries for their generous co-operation, and lastly my own staff for their continued effort during the year.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLSA - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected		Pupils found to require treatment		Total individual pupils
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any of the other conditions recorded in Pt. II	
(1)	(2)	No. (3)	No. (4)	(5)	(6)	(7)
1966 and later	177	177	-	-	5	5
1965	770	768	2	5	16	19
1964	195	195	-	4	4	8
1963	61	60	1	2	1	3
1962	46	46	-	4	2	5
1961	47	47	-	1	1	2
1960	856	856	-	26	8	32
1959	129	129	-	5	4	9
1958	62	62	-	2	1	3
1957	25	25	-	1	-	1
1956	34	34	-	2	-	2
1955 and earlier	716	716	-	15	9	24
TOTAL	3118	3115	3	67	51	113

Col. 3 as percentage of Col. 2 - 99.90%. Col. 4 as percentage of Col. 2 - 0.10%.

B - INFESTATION WITH VERMIN

- (i) Total number of examinations in the schools by the school nurses or other authorised persons ... 22,684
- (ii) Total number of individual pupils found to be infested 101
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 3
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) NIL

DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR

PART II

Defect code	Defect or Disease		Periodic Inspections				Special Inspec- tions
			Entrants	Leavers	Others	Total	
4	Skin	T	2	1	1	4	-
		O	36	8	28	72	1
5	Eyes (a) Vision	T	9	13	45	67	8
		O	65	19	172	256	9
	(b) Squint	T	8	1	8	17	1
		O	36	-	9	45	-
	(c) Other	T	-	-	1	1	-
		O	4	-	8	12	-
6	Ears (a) Hearing	T	-	-	5	5	-
		O	62	2	25	89	5
	(b) Otitis Media	T	1	-	1	2	-
		O	36	2	16	54	1
	(c) Other	T	-	-	-	-	-
		O	4	-	1	5	2
7	Nose and Throat	T	1	-	1	2	-
		O	198	10	55	263	4
8	Speech	T	4	-	2	6	4
		O	23	1	2	26	3
9	Lymphatic Glands	T	-	-	-	-	-
		O	170	5	40	215	1
10	Heart	T	2	-	1	3	-
		O	9	-	2	11	-
11	Lungs	T	-	-	-	-	-
		O	26	1	14	41	2
12	Develop- mental (a) Hernia	T	3	-	-	3	-
		O	6	1	1	8	-
	(b) Other	T	-	-	1	1	-
		O	48	-	20	68	-
13	Ortho- paedic (a) Posture	T	-	-	-	-	-
		O	1	1	12	14	-
	(b) Feet	T	3	1	1	5	-
		O	100	13	62	175	2
	(c) Other	T	2	-	-	2	-
		O	31	5	10	46	2
14	Nervous System (a) Epilepsy	T	1	-	1	2	1
		O	2	-	2	4	-
	(b) Other	T	-	-	-	-	-
		O	10	-	9	19	-
15	Psycho- logical (a) Devel- opment	T	-	-	-	-	-
		O	13	-	6	19	1
	(b) Stability	T	-	-	1	1	-
		O	2	-	3	5	-
16	Abdomen	T	1	-	-	1	-
		O	15	1	8	24	-
17	Other	T	-	4	-	4	-
		O	22	7	38	67	2

T = found to require treatment
O = found to require observation

50
PART III

A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:

External and other, excluding errors of refraction and squint	NIL
Errors of refraction, including squint	395
Total	395

Number of pupils for whom spectacles were prescribed 221

B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been treated:

Received operative treatment:-

(a) for diseases of the ear	NIL
(b) for adenoids and chronic tonsillitis	81
(c) for other nose and throat conditions	19
Received other forms of treatment	23
	123

Total number of pupils known to have been provided with hearing aids:-

(a) in 1970	8
(b) in previous years	25

C - ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:-

(a) Treated at clinics or out-patient departments ...	111
(b) Treated at School for postural defects	-
	111

D - DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table B or Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
(b) Body	-
Scabies	-
Impetigo	-
Other Skin diseases	1
	1

E - CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	41
--	-----	-----	-----	-----	----

F - SPEECH THERAPY

Pupils treated by Speech Therapists	145
-------------------------------------	-----	-----	-----	-----	-----

G - OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:

(a) Pupils with minor ailments	...	...	...	...	NIL
(b) Pupils who have received convalescent treatment under School Health Service arrangements	...	...	...	...	NIL
(c) Pupils who received B.C.G. vaccination	...	...	...	...	656
(d) Other: Miscellaneous Medical and Surgical conditions					101
				Total	<u>757</u>

NOTE It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably.

SCHOOL DENTAL SERVICE

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
1. <u>Attendances & Treatment</u>				
First Visit	1,763	1,259	443	3,465
Subsequent visits	913	1,281	530	2,724
Total visits	2,676	2,540	973	6,189
Additional courses of treatment commenced ...	288	266	123	677
Fillings in permanent teeth	978	2,542	1,346	4,866
Fillings in deciduous teeth	1,591	130	-	1,721
Permanent teeth filled ...	828	2,239	1,178	4,245
Deciduous teeth filled ...	1,472	126	-	1,598
Permanent teeth extracted ...	76	253	159	488
Deciduous teeth extracted ...	848	292	-	1,140
General anaesthetics ...	230	82	14	326
Emergencies	281	125	10	416

Number of Pupils X-rayed	58
Prophylaxis	261
Teeth otherwise conserved	604
Number of teeth root filled	3
Inlays	4
Crowns	11
Courses of treatment completed	3,007

2. Orthodontics

Cases remaining from previous year	50
New cases commenced during year	57
Cases completed during year	21
Cases discontinued during year	4
Number of removable appliances fitted	17
Number of fixed appliances fitted	-
Pupils referred to Hospital Consultant	44

3. Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	2	2
Pupils supplied with other dentures (first time)	2	9	9	20
Number of dentures supplies	2	11	12	25

4. Anaesthetics

General Anaesthetics administered by Dental Officers ...	226
--	-----

5. Inspections

(a) First inspection at school. Number of Pupils	5,344
(b) First inspection at clinic. Number of Pupils	336
Number of (a) + (b) found to require treatment	3,579
Number of (a) + (b) offered treatment	3,236
(d) Pupils re-inspected at school clinic	975
Number of (c) found to require treatment	699

6. Sessions

Sessions devoted to treatment	1,037
Sessions devoted to inspection	64
Sessions devoted to Dental Health Education	30

TABLE I
RETURN OF HANDICAPPED PUPILS

New assessments and placements

In the Calender Year ending 31st December 1970:-	(1) Blind (2) Partially sighted	(3) Deaf (4) Partial Hearing	(5) Physically Handicapped (6) Delicate	(7) Emotional Disorder (8) Educa- tionally subnormal	(9) Epileptic (10) Speech defects	TOTAL (1 - 10)
(a) Number of handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)	
(b) Number of children who were newly placed in special schools (other than hospital special schools) or boarding homes	- -	- 1	1 -	- 30	1 -	33
	- -	- 1	- -	- 21	- -	22
Children found Sutable for Training Centre						
(i) Number of children who were the subject of new decisions recorded under Section 57 of the Education Act 1944					4	
(ii) Number of reviews carried out under the provisions of Section 57A of the Education Act 1944					NIL	
(iii) Number of decisions cancelled under Section 57A(2) of the Education Act 1944					NIL	

TABLE II

HANDICAPPED PUPILS

Pupils Awaiting Places in Special Schools or receiving Education in Special Schools: Independent Schools:
In Special Classes and Units: Under Section 56 of the Education Act 1944: and Boarded in Homes.

As at 31st January 1971, number of children who were awaiting places in special schools (other than hospital schools).	(1) Blind (2) Partially sighted	(3) Deaf (4) Partial Hearing	(5) Physically Handicapped (6) Delicate	(7) Emotional Disorder (8) Educa- tionally subnormal	(9) Epileptic (10) Speech defects	TOTAL (1 - 10)
(1) Under five years of age: Day places Boarding places	- -	- -	- 1	- -	- -	- 1
(2) Over 5 years of age: (a) Whose parents had refused consent to their admission to a special school: Day places Boarding places	- -	- -	- -	- 1	- -	- 1
(b) Others Day places Boarding places	- -	- -	- -	- 25 3	- 1 -	25 4
TOTAL	-	-	1	-	1	31

TABLE III
HANDICAPPED PUPILS

Number of Pupils on the Registers of:	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Emotional Disorder (8) Educationally subnormal		(9) Epileptic (10) Speech defects		TOTAL (1 - 10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(1) Maintained Special Schools (other than Hospital Special Schools and Special classes and units not forming part of a special school) regardless by what authority they are maintained.	-	-	-	-	1	-	-	78	-	-	79
(a) Day.. ..	-	-	-	-	1	-	-	8	-	-	10
(b) Boarding	-	-	-	1	1	-	-	-	-	-	-
(2) Non-maintained Special Schools (other than Hospital Special Schools and Special classes and units not forming part of a special school) wherever situated	-	-	-	-	-	-	-	-	-	-	-
(a) Day.. ..	4	1	-	8	-	-	-	2	-	-	15
(b) Boarding	-	-	-	-	-	-	-	-	-	-	-
(3) Independent schools under arrangements made by the Authority.	-	-	-	-	-	-	-	-	-	-	-
(a) Day.. ..	-	-	-	-	-	-	-	-	-	-	-
Boarding	-	-	-	-	-	-	1	5	-	-	6
Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units: under Section 56 of the Education Act 1944 and boarded in homes.	4	1	-	9	3	-	1	122	1	-	141

